

BREATHING CHECKLIST

for learning about your breathing behavior

This checklist has been designed to serve as a “guideline” for assisting you and your breathing trainer in determining whether or not your breathing behavior is consistent with optimal respiration.

Name: _____ Date _____ Email _____

Address _____ Tel _____

Sex ___ Age ___ Sig. Other? ___ Children? ___ Why do you think your breathing might not be optimal? _____

Please complete the 21 questions listed below. AND, for all experiences that you report “sometimes,” or more frequently, please indicate *one to three most common situations* (not more please) in which they occur (see “Situations” below). The experiences listed are ones frequently associated with overbreathing, although they should not be interpreted as being necessarily true in your case. Explore these experiences with your breathing trainer.

| <i>How often do you experience?</i> | <i>Never</i> | <i>Rarely</i> | <i>Sometimes</i> | <i>Often</i> | <i>Very Often</i> | <i>Situations*</i> |
|---------------------------------------|--------------|---------------|------------------|--------------|-------------------|--------------------|
| Chest pain | 0 | 1 | 2 | 3 | 4 | |
| Tension, stress | 0 | 1 | 2 | 3 | 4 | |
| Blurred hazy vision | 0 | 1 | 2 | 3 | 4 | |
| Dizziness | 0 | 1 | 2 | 3 | 4 | |
| Confusion, things seem distant | 0 | 1 | 2 | 3 | 4 | |
| Short of breath, difficulty breathing | 0 | 1 | 2 | 3 | 4 | |
| Tingling of fingers | 0 | 1 | 2 | 3 | 4 | |
| Tightness in chest | 0 | 1 | 2 | 3 | 4 | |
| Unable to breathe deeply | 0 | 1 | 2 | 3 | 4 | |
| Stiffness in arms and hands | 0 | 1 | 2 | 3 | 4 | |
| Tightness around the mouth | 0 | 1 | 2 | 3 | 4 | |
| Cold hands and feet | 0 | 1 | 2 | 3 | 4 | |
| Irregular heartbeat | 0 | 1 | 2 | 3 | 4 | |
| Sighing or gasping | 0 | 1 | 2 | 3 | 4 | |
| Breath holding | 0 | 1 | 2 | 3 | 4 | |
| Poor concentration or focus | 0 | 1 | 2 | 3 | 4 | |
| More rapid or deep breathing | 0 | 1 | 2 | 3 | 4 | |
| Fatigue easily | 0 | 1 | 2 | 3 | 4 | |
| Worried about my breathing | 0 | 1 | 2 | 3 | 4 | |
| Mouth breathing | 0 | 1 | 2 | 3 | 4 | |
| Yawning episodes | 0 | 1 | 2 | 3 | 4 | |

***SITUATIONS: circumstances under which you experience the above “sometimes,” or more frequently.**

- | | | |
|-------------------------------|-----------------------------------|-----------------------------------|
| (1) working (employment) | (08) exercising, being physical | (15) communicating intimacy |
| (2) resting (between tasks) | (09) being confronting by others | (16) meeting authority figures |
| (3) dating, romancing | (10) traveling, unfamiliar places | (17) feeling anxious/worried |
| (4) interacting with children | (11) socializing, one on one | (18) being accountable, in-charge |
| (5) feeling stressed | (12) speaking in public | (19) learning new tasks |
| (6) feeling tired | (13) meeting new people | (20) feeling unsure of self |
| (7) interacting in groups | (14) expressing feelings | (21) performing difficult tasks |

What do the answers mean?

Take careful note of the “situations” under which you encounter these experiences. For example, if you experience “dizziness” when “meeting new people,” this says a lot about your breathing behavior which may be a basis for shifts in your emotion, cognition, and performance. On the other hand, getting “tired” when “exercising,” means little.

If you score higher than “3” or “4” on two or more of these items, there may be cause for observation and study of your breathing behavior and its impact on the efficiency of your respiration, that is, its effects on your breathing chemistry. Learning breathing behavior consistent with good respiration may be significantly helpful to you.